

MANUFACTURED HOUSING DISPUTE RESOLUTION PROGRAM
REQUEST FOR DISPUTE RESOLUTION

PETITION COMPLAINT FORM

OFFICE OF THE ATTORNEY GENERAL
Consumer Protection Division
STATEWIDE TOLL FREE 1-866-924-6458; KING COUNTY 206-464-6049

Homeowners Associations & Tenants Groups may use this form to file a PETITION COMPLAINT if they: 1) live in the same community and 2) have the same issue(s) they wish to file a complaint about.

One person cannot file a Petition Complaint on behalf of others without their signature at the end of this complaint.

LANDLORD INFORMATION

Name of Park/Community: _____

Name of Owner or Property Manager _____
Please Print or Type *Last* *First* *Middle Initial*

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____ E-mail address: _____

Name of On-site Manager, including house or site number _____

Phone: (____) _____ Fax: (____) _____ E-mail address: _____

ABOUT YOUR ISSUE

Describe what outcome you would like to have: _____

Have you attempted to resolve this issue directly with the other party? Yes ☐ No ☐ If YES, to whom: (and their position) _____

If YES, what was the response? _____

If no, why not? _____

Have you filed anything about this other party with the Attorney General's Office before? Yes ☐ No ☐ If Yes, list the file number _____

Have you contacted a private attorney? Yes ☐ No ☐ If YES, identify the name and contact information of the attorney:

Is there a court or other legal proceeding pending? Yes ☐ No ☐ If YES, please explain: _____

EXPLAIN YOUR ISSUE IN DETAIL (use additional pages if necessary). ATTACH COPIES OF OTHER DOCUMENTS, SUCH AS CORRESPONDENCE, RULES & REGULATIONS, LEASES, NOTICES, ETC. DO NOT SEND ORIGINAL DOCUMENTS:

[illegible]

PLEASE TYPE OR PRINT.

After this complaint is received, tenants will be contacted by mail or email regarding assignment of the request.

RETURN TO:

WA State Attorney General's Office
Manufactured Housing Unit
800 FIFTH AVENUE, SUITE 2000
SEATTLE, WA 98104-3188
fax (206) 587-5636

Please include copies of related documents such as correspondence, rules & regulations, notices, leases, etc.

**SEND COPIES ONLY - DO NOT
INCLUDE ORIGINAL DOCUMENTS**

***PLEASE READ before signing:** In order to process your complaint, the Attorney General's Office will send a copy of your request for dispute resolution to the other party. *Do not sign below if you do not want this complaint and your name to be sent to the other party.*

By signing below, I understand my request and any related documents I have submitted will become public record. Under state law, public records are subject to public records disclosure requests. Under some circumstances, my request and related documents may be seen by other people. This includes personal information such as Social Security, credit and bank account numbers, and medical information.

By signing below, I declare, under penalty of perjury under the laws of the State of Washington, that *I have read the attached pages of this complaint* and the information contained in it is true and accurate, and that any documents attached are true and accurate copies of the originals.

HOMEOWNERS' INFORMATION

City, State & Zip of all tenants: _____

Print Name _____ Signature _____

Address _____

Email _____ Daytime Phone _____

Print Name _____ Signature _____

Address _____

Email _____ Daytime Phone _____

Print Name _____ Signature _____

Address _____

Email _____ Daytime Phone _____

Print Name _____ Signature _____

Address _____

Email _____ Daytime Phone _____

Print Name _____ Signature _____

Address _____

Email _____ Daytime Phone _____

Print Name _____ Signature _____

Address _____

Email _____ Daytime Phone _____

Print Name _____ Signature _____

Address _____

Email _____ Daytime Phone _____